



**APPLICATION FOR (CHILD) SURVIVOR PENSION**  
**PENSIONS ADMINISTRATION DIVISION**  
 Department of Finance, P.O. Box 8700, St. John's, NL, A1B 4J6  
 Fax (709) 729-6790

**PERSONAL DATA (APPLICANT)**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

This is to certify that I am a child\* of the late \_\_\_\_\_ and understanding  
 (Plan Member)

that he/she was entitled to receive  or receiving  a pension under the provisions of the  
 \_\_\_\_\_ Pensions Act I do hereby make application for my portion of the  
 60% survivor benefit.

**\* Please identify any siblings (birth child or adopted child of the plan member) :**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Signed this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Applicant's Signature (if capable)

\_\_\_\_\_  
 Legal Guardian's Signature (If Applicable)\*\*

**\*\* Proof required. See form "Proof of Legal Guardian"**

The personal information collected or provided as part of the application process will only be used for purposes relating to the operation of the relevant pension programs and for statistical reports. All information will be kept confidential and will not be disclosed to third parties without your consent unless required or authorized by law. If you have any questions or concerns please contact the Pensions Administration Division.